STATI	E OF WISCONSIN, CIRCUIT COURT,	COUNTY	For Official Use			
IN THE MATTER OF		☐ Amended				
		Petition for Modification of Guardianship				
	Date of Birth	_ Case No				
	0.4711.1.07.475					
	OATH, I STATE:					
1.	I am ☐ the ward who is 18 years of age or ☐ a person acting on the ward's beha ☐ the ward's ☐ guardian of person.		<u> </u>			
2.	This is a petition to have the guardianship lim	nited and specific rights restored.				
3.	This petition is filed more than 180 days after any previous hearing on the petition for guardianship or petition for receipt and acceptance of a foreign guardianship, or there are exigent circumstances, including presentation of new evidence, that require a review at any time. (Specify circumstances)					
4.	At a hearing held on (Date), the		and in need of a guardian			
	in Wisconsin (County) (Certified copy of order is attached)					
<u> </u>	A report of examination of ward by a physician or psychologist is filed with this petition or will be filed at this hearing.					
	· · · · · · · · · · · · · · · · · · ·	nts were previously removed from the ward one is able to exercise the right. e in an election.	Person. These rights ise the right with the			
	guardian of the person and I request rest a. Right to consent to marriage: Choose (1) or (2):	-				
	<u> </u>	capacity to exercise this right and restore is capacity to exercise this right only with contribute extent.				
	•	cense, a hunting, fishing or other license is (2), Wisconsin Statutes:				
	<u> </u>	capacity to exercise this right and restore is capacity to exercise this right only with conthis extent.				
	Choose (1) or (2): ☐ (1) declare the individual has	capacity to exercise this right and restore is capacity to exercise this right only with conthis extent.				
	d. Right to consent to organ, tissue					

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	Choose (1) or (2):		
	\square (1) declare the \square	ndividual has capacity to exercis	se this right and restore in full.
	\square (2) declare the \square	ndividual has capacity to exercis	se this right only with consent of the guardian of
		nd restore to this extent.	
. Powers to	be transferred t	<u>o the Ward in part or in full.</u>	
•	-	powers, which were previously t	ransferred to the guardian, be returned to the
ward as f			
			be marked. Marking only box (1) or (2) has no
		retains the power.	54.05(0)/d\0 ab the new at aire as informed
ab.			54.25(2)(d)2.ab., the power to give an informed
			s ward of a medical examination, medication,
			n, and medical treatment that is in the ward's
			d-faith attempt to discuss with the ward the
			or treatment and if the ward does not protest.
	Choose (1) or (2	•	nower to
		I retains limited capacity and the n of the person to exercise powe	
			ity in full. Power should be removed from the
	` '	n of the person.	ity iii faii. I owel should be fellloved from the
Пас			54.25(2)(d)2.ac., the power to give informed
ασ.			oluntary administration of a medical examination
			and medical treatment that is in the ward's best
	interest.	, .,, ,	
	Choose (1) or (2	?):	
	` ` ` `	, al retains limited capacity and the	e power to:
		n of the person to exercise powe	
	(2) Individua	al has regained evaluative capac	ity in full. Power should be removed from the
	Guardia	n of the person.	
□ b.			n an accredited or certified research project if
		ect might help the individual, or	others if minimal risk of harm.
	Choose (1) or (2	•	
		al retains limited capacity and the	
		of the person to exercise powe	•
	` '	•	ity in full. Power should be removed from the
		of the person.	
☐ c.	The power to aut	norize individual's participation i	n research that might not help the individual but
			arm to the individual but evidence indicates
		have elected to participate.	
	Choose (1) or (2		a nower to
	, ,	al retains limited capacity and the	•
		n of the person to exercise powe	
	, ,	n as regained evaluative capac n of the person.	ity in full. Power should be removed from the
☐ d.		ror the person. Insent to experimental treatment i	in the individual's hest interests
<u> </u>	Choose (1) or (2	•	in the individual 3 DESt Interests.
		a). In retains limited capacity and the	a nower to:
		n of the person to exercise powe	
			ity in full. Power should be removed from the
	, ,	n of the person.	ity in rail. I ower should be removed from the
☐ e.			individual of social and supported living services
□ 0.	Choose (1) or (2		marriada or occidi and supported living service.
			e power to:
		n of the person to exercise name	

Guardian of the person.

(2) Individual has regained evaluative capacity in full. Power should be removed from the

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f.	The powe	r to give informed consent to release o	of confidential records other than court, treatment,
	and patier	nt health care records and redisclosure	e as appropriate.
	Choose (1) or (2):	
	_	dividual retains limited capacity and the	e power to:
		uardian of the person to exercise power	
		·	city in full. Power should be removed from the
	, ,	uardian of the person.	,
☐ g.		r to make decisions related to mobility	and travel.
— 5	Choose (
	_	dividual retains limited capacity and the	e power to:
		uardian of the person to exercise power	
		·	city in full. Power should be removed from the
	, ,	uardian of the person.	,
h.		ally omitted to correspond with statute.]	1
□ i.	-	r to choose providers of medical, socia	
<u> </u>	Choose (•	, and supported in ing sortioss.
		dividual retains limited capacity and the	e power to:
	, ,	uardian of the person to exercise power	•
		·	city in full. Power should be removed from the
	, ,	uardian of the person.	only in rain i circl officials be removed from the
Πi			al and vocational placement and support
<u></u> .	•	employment.	ar arra vocational placement arra capport
	Choose (
	`	dividual retains limited capacity and the	e power to:
		uardian of the person to exercise power	
			city in full. Power should be removed from the
		uardian of the person.	,
□ k.		o make decisions regarding initiating a	petition for termination of marriage.
	Choose (
		dividual retains limited capacity and the	e power to:
		uardian of the person to exercise power	
		·	city in full. Power should be removed from the
		uardian of the person.	,
□ I.		o receive all notices on behalf of individual	dual.
_	Choose (
	`	dividual retains limited capacity and the	e power to:
		uardian of the person to exercise power	
		·	city in full. Power should be removed from the
	, ,	uardian of the person.	•
☐ m.		•	e of the individual, except the power to enter into
			I's property or to represent the individual in any
	legal procee	edings pertaining to the property, unles	s the guardian of the person is also the guardian
	of the estate).	
	Choose (1) or (2):	
	☐ (1) In	dividual retains limited capacity and the	e power to:
	G	uardian of the person to exercise power	er not retained by individual.
	☐ (2) In	dividual has regained evaluative capac	city in full. Power should be removed from the
	G	uardian of the person.	
□ n.	The power t	o apply for protective placement or for	commitment.
	Choose (1) or (2):	
	☐ (1) In	dividual retains limited capacity and the	e power to:
	G	uardian of the person to exercise power	er not retained by individual.
	☐ (2) In	dividual has regained evaluative capac	city in full. Power should be removed from the
	G	uardian of the person.	
□ o.	The power t	o have custody of the individual, if an a	adult, and the power to have care, custody, and
	control of the	e individual, if a minor.	

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Guardia (2) Individu Guardia	ual retains limited capacity and the an of the person to exercise power	er not retained by individual. city in full. Power should be removed from the					
	limit the guardianship of the es	See attached state and restore specific powers to the ward as					
I REQUEST THE COURT:							
1. Order a hearing on this petitio	on.						
2. Designate persons entitled to	2. Designate persons entitled to notice of hearing and the manner in which notice shall be given.						
3. Limit the guardianship of pers	3. Limit the guardianship of person and restore specific rights.						
4. Limit the guardianship of esta	te and restore specific rights.						
5. Award appropriate fees and co	osts.						
Subscribed and sworn to before me on	<u> </u>	Petitioner					
Notary Public/Court Official My commission expires:		Name Printed or Typed					
Name of Attorney/Petitioner		Address					
Address							
Telephone Number	Bar Number						